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**Statement of Trade Name of an Estate, a Trust, a State or an Other Jurisdiction**  
filed pursuant to §7-71-103 and §7-71-107 and of the Colorado Revised Statutes (C.R.S.)

1. (Complete the following statement by marking the applicable box. Caution: Mark only one box.)

The person delivering this statement is

☐

an estate.

☐

a trust.

☐

a state.

☒

a jurisdiction other than a state.

2. The true name of such person is

:Ray-Shoemaker, sandra lynne.

3. The principal address of such person is

Street address

The State of Ohio CEO, Riffe Center

(Street number and name)

30th Floor, 77 S. High St.

Columbus

OH

43215-6617

(City)

(State)

(Postal/Zip Code)

(Province – if applicable)

United States

(Country – if not US)

Mailing address

(leave blank if same as street address)

Main Street-306

(Street number and name or Post Office Box information)

#446

Canon City

CO

XEMPT

(City)

(State)

(Postal/Zip Code)

See Attachment

(Province – if applicable)

(Country – if not US)

4. The trade name under which such person transacts business or conducts activities or contemplates transacting business or conducting activities in this state is

SANDRA LYNNE RAY (SHOEMAKER)

5. A brief description of the kind of business transacted or activities conducted or contemplated to be transacted or conducted in this state under such trade name is

Non-Statutory Private Business Trust-- see attachment for further essential information

6. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☒

This document contains additional information as provided by law.

7. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document are \_\_\_\_\_  
(mm/dd/yyyy hour:minute am/pm)

**Notice:**

Causing this document to be delivered to the Secretary of State for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that such document is such individual's act and deed, or that such individual in good faith believes such document is the act and deed of the person on whose behalf such individual is causing such document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S. and, if applicable, the constituent documents and the organic statutes, and that such individual in good faith believes the facts stated in such document are true and such document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the Secretary of State, whether or not such individual is identified in this document as one who has caused it to be delivered.

8. The true name and mailing address of the individual causing this document to be delivered for filing are

Without Recourse	:sandra.	Agent	
(Last)	(First)	(Middle)	(Suffix)
<u>Main Street-306</u>			
(Street number and name or Post Office Box information)			
<u>#446</u>			
Canon City	CO	XEMPT	
(City)	(State)	(Postal/Zip Code)	
<u>See Attachment</u>	<u>United States</u>		
(Province - if applicable)	(Country - if not US)		

☒ (If the following statement applies, adopt the statement by marking the box and include an attachment.) This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

**Disclaimer:**

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).

**Notice of Equitable Interest****Private Special Arrangement of a Purely Equitable Nature *ab initio***

BE IT KNOWN that State of Ohio issued Registered Organizations "SANDRA LYNNE RAY", "SANDRA LYNNE SHOEMAKER" or any and all derivatives and marital names is assigned "Special Deposit" title "RR894051354US-02"

**Notice of Certification of Trust****PROPERTY (res)**

NAME: State of Ohio issued Registered Organizations, "Sandra Lynne Ray", and "SANDRA LYNNE RAY", "Sandra Lynne Shoemaker", "SANDRA LYNNE SHOEMAKER", or any and all derivatives or marital names filed under Registrar Seal with the custodian of records Ohio Department of Health.

Trustee's "Special Deposit" title No. **RR894051354US-02** and successors numbers without notice.

TYPE OF ORGANIZATION: Special Private Estate Trust per "Full Faith and Credit"

DATE OF ORIGINAL CREATION: 18 May 1959.

JURISDICTION OF ORGANIZATION: Exclusive Equity, **The United States of America.**

COUNTRY OF ORIGIN: **The United States of America, de jure**, as Amended A.D. 1791.

Trust *res* is an unregistered special private estate trust entity's assets operating under private charter/indenture/deed poll.

GRANTOR/SETTLOR: **:SEALED:**, private American Citizen national of **The United States of America.**

Powers of the Trust: [special, private, restricted, proprietary, confidential]. Said trust arrangement strictly governed under the Maxims of Equity in **Annex 5** attached herewith.

**Occupants of Office of Trustee, successors and assigns:**

- a) The Occupant of the Office of Chief Executive Officer of the State of Ohio, executive trustee.
- b) The Occupant of the Office of the President of the United States, trustee.
- c) The Occupant of the Office of the Secretary of Treasury, trustee.
- d) The Occupant of the Office of the Treasurer of the United States, trustee.
- e) Successors and Assigns and their agents with or without notice, quasi-trustee.

**BENEFICIARY**

Beneficiary's Name: **:SEALED:**.

Social Security Number: **:SEALED:**

Country of Origin: **The United States of America**, located within a non-military occupied private estate outside a "Federal District" not subject to the jurisdiction of the "United States."

Trust Established May 18, 1959 A.D. "**RR894051354US-02 Trust**" the rights of which are created from the formation of the arrangement by including but not limited to delivery of legal title, transfer, acceptance, endorsement, assignment, appointment, delivery of executed original unregistered Deed.

ORIGINAL EXECUTED "**Certificate Of Title of Special Deposit RR894051354US-02**" DELIVERED TO TRUSTEE'S AGENT VIA USPS Certified Mail # 70151660000088121868.

Notice of Acknowledgment and Acceptance Without Consideration ab initio

RE: Secretary of State John F. Kerry signed Deed Poll Conveyance Annexes 16002529-2  
 State of Ohio issued registered organizations "SANDRA LYNNE RAY" and marital name spellings, STATE OF OHIO CERTIFICATION OF BIRTH, STATE FILE NUMBER 59-0907 "Sandra Lynne Ray" and marital name spellings, OHIO CERTIFICATE OF LIVE BIRTH NO. 134-59-072767, Registrars No. 907, 18 May 1959, respectively, hereinafter "Deed Poll" attached herewith and made part hereto;

Grantors: John F. Kerry, United States of America, DEPARTMENT OF STATE)  
 CLARK COUNTY & its Registrar ) Administrators as  
 STATE OF OHIO & its Registrar ) implied grantors,  
 Occupant of the Office of CEO of Governor of Ohio ) "Grantors"  
 All there agents and other unknown persons similarly situated )

Grantee: :Ray-Shoemaker, sandra lynne;, private American Citizen national occupying the office of grantee, hereinafter "Grantee",

**BE IT KNOWN** to all persons, "United States", and men worldwide and to the above referenced Grantors: I, the scribe below, :Ray-Shoemaker, sandra lynne;, Grantee herein, a private American Citizen of a protected class, with intent and purpose, freewill act, volition and deed execute this notice of my acknowledgement and acceptance ab initio without consideration for the above referenced Deed Poll by which law "shall be treated equal the original" attached herewith and made a part hereto in "Annex Four-A" under the terms of said deeds. Grantee order that the record on file in a court of record be updated to show said acknowledgement and acceptance without consideration of said Deed. This record replaces any previously filed said acknowledgements on record with any record custodian. Grantee's acceptance is governed by the Maxims of Equity: "Equity will not aid a volunteer, Equity will not complete an imperfect gift; in a conflict of equities the superior equity will prevail; where there are equal equities the first in order of time shall prevail; where there are equal equities the law must prevail." Note: Grantee now assigns his proprietary "Special Deposit" title "RR894051354US-02 to same said joint subject matter now held in equitable fee simple absolute. Done under my hand and seal with intent, special purpose, freewill, volition, and Deed:

[Signature]  
 Private Witness

:Ray-Shoemaker, sandra lynne 17th, November 2015  
 :Ray-Shoemaker, sandra lynne;, Grantee

Private American Citizen national of the United States of America.

The Declaration of Independence at Large, 4 July A.D. 1776  
 The Declaration of Independence at Large, 4 July A.D. 1776  
 Herein the state of Colorado at Large, 1 August 1876  
 Herein the Fremont county at Large, 1 November 1861

s.a. Acknowledgement

**BE IT KNOWN**, that on this day before me, a Notary Public by said State, duly authorized, empowered and admitted to take acknowledgements, come by special limited restricted ministerial visitation Ray-Shoemaker, sandra lynne is the within named Citizen of a protected class satisfactorily proven to be said scribe, and acknowledgements the above "Notice of Acknowledgement and Acceptance Without Consideration" to be her sole freewill, volition and Deed for the uses and purposes therein expressed. IN TESTIMONY whereof I hereunto set my Hand and Seal.

SHE scribes and vows before me on this 17th day of November 2015.

[seal

Ashley M Alvarez  
 Notary Public - Signature  
 My commission expires: 4-3-2017

ASHLEY M ALVAREZ

Notary Public

State of Colorado

Notary ID 20134021643

My Commission Expires Apr 3, 2017

# United States of America



## DEPARTMENT OF STATE

*To all to whom these presents shall come, Greetings:*

I Certify That the document hereunto annexed is under the Seal of the Secretary of State of the State(s) of Ohio, and that such Seal(s) is/are entitled to full faith and credit.\*

*\*For the contents of the annexed document, the Department assumes no responsibility.  
This certificate is not valid if it is removed or altered in any way whatsoever*

In testimony whereof, I, John F. Kerry, Secretary of State, have hereunto caused the seal of the Department of State to be affixed and my name subscribed by the Assistant Authentication Officer, of the said Department, at the city of Washington, in the District of Columbia, this fourth day of November, 2015.

Annexed hereto is a CERTIFICATE of the State of Ohio, dated 11/04/15, 11:00 AM, 88-601-22, LSC# 26070-201500-24214, 3.1.08, 2015 28 1.00 1733 pt. sup. 8 1.30, 16970. RULE 44 Federal Rules of Civil Procedure

By John F. Kerry Secretary of State  
Matthew  
 Assistant Authentication Officer,  
 Department of State

State of Ohio

Office of the Secretary of State

I, **JON HUSTED**, Secretary of State, do  
hereby certify that I am the duly elected, qualified and acting Secretary of State of the State of  
Ohio, and I further certify that  
JACKIE BOGGS

is the appointed and acting Registrar of the Division of Vital Statistics, Department of Health, for  
the city of Springfield, State of Ohio, and she is the legal custodian of records such as the attached  
Certification of Birth. All her official acts are entitled to full faith and credit.

This certification certifies only the authenticity of the signature of the official who signed the  
document, the capacity in which that official acted, and where appropriate, the identity of the seal or  
stamp, which the document bears. This certification does not imply that the contents of the  
document(s) are correct, nor that they have the approval of this office.

IN TESTIMONY WHEREOF, I have hereunto  
subscribed my name and affixed the official  
Seal of the Secretary of State of Ohio, at  
Columbus, Ohio, this 9th day of  
October, 2015.



*Jon Husted*  
**Jon Husted**  
Secretary of State

## OHIO DEPARTMENT OF HEALTH

## DIVISION OF VITAL STATISTICS

## CERTIFICATE OF LIVE BIRTH

Reg. Dist. No. 12Primary Reg. Dist. No. 1201Birth No. 134-59-07276Registrar's No. 90

1. PLACE OF BIRTH a. COUNTY <u>Clark</u>		2. USUAL RESIDENCE OF MOTHER (Write down both) a. STATE <u>Ohio</u> b. COUNTY <u>Clark</u>	
b. CITY, VILLAGE, OR LOCATION <u>Springfield</u>		c. CITY, VILLAGE, OR LOCATION <u>Springfield</u>	
c. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address) <u>City Hospital</u>		d. STREET ADDRESS <u>821 N. Limeshore</u>	
d. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
f. IS RESIDENCE ON A YES <input type="checkbox"/> NO <input type="checkbox"/>			
3. NAME (TYPE OR PRINT) First <u>Sandra</u> Middle <u>Lynne</u> Last <u>Ray</u>			
4. SEX <u>F</u> 5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/> 5b. IF TWIN OR TRIPLET, WAS CHILD BORN YES <input type="checkbox"/> NO <input type="checkbox"/> 6. DATE OF BIRTH MONTH <u>May</u> DAY <u>5</u> YEAR <u>1959</u>			
7. NAME First <u>Dora</u> Middle <u>Eugene</u> Last <u>Ray</u>		8. COLOR OR RACE <u>White</u>	
9. AGE (at time of this birth) <u>29</u> YEARS		10. BIRTHPLACE (State or foreign country) <u>Charlottesville, N.Ya.</u>	
11a. USUAL OCCUPATION <u>Service Man Underwood</u>		11b. KIND OF BUSINESS OR IND <u>Wm</u>	
12. MAIDEN NAME First <u>Ruth</u> Middle <u>Laverne</u> Last <u>Brubaker</u>		13. COLOR OR RACE <u>White</u>	
14. AGE (at time of this birth) <u>31</u> YEARS		15. BIRTHPLACE (State or foreign country) <u>Springfield, Ohio</u>	
17. INFORMANT'S NAME OR SIGNATURE <u>Ruth Ray</u>		16. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this life) a. How many OTHER children are now living? <u>3</u> b. How many OTHER children were born alive but are now dead? <u>0</u> c. How many fetuses were lost (time after conception)? <u>0</u>	
18. MOTHER'S MAILING ADDRESS <u>821 N. Limeshore St.</u>		19. DATE SEROLOGIC TEST FOR SYPHILIS <u>10-17-58</u>	
19. SIGNATURE <u>Naoma D. Green M.D.</u>		19b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (State) <u>5-5-59</u>	
19c. ADDRESS <u>2612 Elmwood Drive Springfield O</u>		19d. DATE SIGNED <u>5-5-59</u>	
20. DATE REGD. BY LOCAL REG. <u>5-18-59</u>		21. REGISTRAR'S SIGNATURE <u>J. D. Liddle</u>	
		22. DATE ON WHICH GIVEN NAME ADDED BY (Reg)	

FOR MEDICAL AND HEALTH USE ONLY

I HEREBY CERTIFY THIS DOCUMENT IS AN EXACT COPY OF THE ORIGINAL FILE WITH THE DIVISION OF VITAL STATISTICS

SP 5815163201

Franklin C. Gage  
 CLARKE COUNTY LOCAL REGISTRAR  
 OFFICE OF VITAL STATISTICS  
 WINNETKA, ILLINOIS 60093

MARGIN RESERVED FOR BINDING



I, the heir to the decedent's estate here attached described, do accept as grantee and return delivery on special deposit to redeem said estate for all debts, life maintenance and support, and do rely faithfully on trustee to update my status accordingly. This I make Oath and affirm that I am the sole exclusive heir beneficiary to said estate and do provide my seal as a mark of my intent to be forever redeemed so help me God.

:Ray-Shoemaker, Sandra Lynne, heiress/grantee

:Sandra:



OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE OF FACT OF TRADE NAME**

I, Wayne W. Williams , as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office, a Statement of Trade Name for:

SANDRA LYNNE RAY (SHOEMAKER)

(Entity ID # 20161003960 )

was filed in this office on 01/03/2016 with an effective date of 01/03/2016 .

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/31/2015 that have been posted, and by documents delivered to this office electronically through 01/04/2016 @ 09:37:01 .

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 01/04/2016 @ 09:37:01 in accordance with applicable law. This certificate is assigned Confirmation Number 9436816



Secretary of State of the State of Colorado

\*\*\*\*\*End of Certificate\*\*\*\*\*  
*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, <http://www.sos.state.co.us/biz/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click "Businesses, trademarks, trade names" and select "Frequently Asked Questions."*

**Additional True name(s) causing this document to be delivered for filing are:**

**Additional Name placeholders:**

- 1) Macdonald, andrew william
- 2) RR894051354US-02-Trust
- 3)Sandra Lynne Shoemaker
- 4)Sandra Lynne Cotton
- 5)Sandra Lynne Drew
- 6)Sandra Lynne Macdonald
- 7)Sandra Lynne Mendoza

**Post Location for additional True names:**

In Care of: Main Street-310, #446,  
Canon City, nation Colorado (Republic),  
zip code exempt in Republic,  
from without the United States  
within The United States of America at large 1791  
within the Kingdom of Heaven

**NOTICE – this document also amends:**

**“The true name & mailing address”, Ray-Shoemaker, sandra lynne  
given on online form**